



CHANGE OF NAME/ADDRESS/CORPORATE OFFICERS OR DIRECTORS

CHANGE TYPE: *Please check applicable box(es)*

- ☐ Change of name (Complete items 1, 2, and 6)
☐ Change of physical address (Complete items 1, 3, and 6)
☐ Change of mailing address (Complete items 1, 4, and 6)
☐ Change of corporate officers or directors (Complete items 1, 5, and 6)

Department Use Only

Initials _____

Date Processed _____

ATTACHMENTS REQUIRED:

If you are a business (Individual/Partnership/Corporation), you must attach your **ORIGINAL** ARD Registration and **ALL** associated licenses. Post photocopies of your original license(s) in your shop until you receive the new license(s).

MAIL COMPLETED FORM AND ALL ATTACHMENTS TO THE LICENSING UNIT AT THE ABOVE ADDRESS.

Current Business Name

Please type or print legibly

1. License or Registration Number			
2. Change of Name		From:	To:
3. Change of Residence or Business Address (<i>Please check <input type="checkbox"/> residence or <input type="checkbox"/> business</i>)			
Number and Street		City	State
Zip Code		Phone Number	
From:			
Number and Street		City	State
Zip Code		Phone Number	
To:			
4. Change of Mailing Address (<i>If different from physical address</i>)			
Number and Street or Post Office Box		City	State
Zip Code			
From:			
Number and Street or Post Office Box		City	State
Zip Code			
To:			
5. Change of Corporate Officers (<i>Provide the old officer's name and the new officer's name and Drivers License Number</i>) and Corporation Number:			
PRESIDENT	From:	To:	Drivers License #
SECRETARY	From:	To:	Drivers License #
TREASURER	From:	To:	Drivers License #
6. Certification			
I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all statements made on this form and on all attached documents are true and correct.			
Signature _____		Date _____	
Licensed Technician, Adjuster, Owner, or Corporate Officer			